

ROCKY MOUNTAIN REGION RADIO STATION AUTHORIZATION

Unit Charter Number _____

Unit Name _____

New ☐ Renewal ☐ Modification ☐

Present Tactical Call Sign _____

CAP Radio Operator Authorization (Advanced) Wing and Card Number _____

Category of Application. Do NOT combine on one application.
Submit ONE ORIGINAL for each category requested.

Ground or Mobile ☐

Aeronautical SAR ☐

Practice Beacon ☐

Name of member in charge _____

Rank _____ CAPID _____

Mailing Address _____

City _____ State _____ Zip _____

Home phone _____ Business phone _____

Cellular _____ Pager _____

Is there an alternate operator at your location?

| | |
|------------|--|
| Name _____ | CAP ROA (Region/Wing and Card Number) |
| | |
| | |

Complete the following information for each transmitter that is to be licensed. When the same transmitter is used for ground(base)and/or mobile, it must be licensed for each

| OWNER (CAP or Member) | MANUFACTURER AND MODEL | S/N | FREQUENCY HF, FM, 26.620 | FREQUENCY CERTIFICATION DATE (If Required) |
|--------------------------|------------------------|-----|-----------------------------|---|
|--------------------------|------------------------|-----|-----------------------------|---|

List all equipment to be licensed as GROUND (FIXED BASE) equipment

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List all equipment to be licensed as MOBILE equipment

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AERONAUTICAL SAR OR PRACTICE BEACON

| OWNER (CAP or Member) | MANUFACTURER AND MODEL | S/N | POWER OUTPUT | TYPE ACCEPTANCE # | FREQUENCIES | CERTIFICATION DATE |
|--------------------------|------------------------|-----|-----------------|----------------------|-------------|-----------------------|
| | | | | | | |
| | | | | | | |

LIST ANY RADIOS TO BE DELETED FROM YOUR FILE. (Make and serial number)

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Any member-owned equipment listed herein is hereby offered to the Commander of Rocky Mountain Region, for official CAP purposes, I understand that this agreement gives Rocky Mountain Region, Civil Air Patrol, operational control of the listed equipment for CAP purposes, that it will be used only for official business of the CAP as defined in current CAP Regulations and other official documents of CAP, and that this agreement can be terminated at any time by CAP, for any reason. If other CAP personnel are allowed to use said equipment, I understand that such equipment will be returned to me in the event this agreement is terminated, except CAP will not be responsible for the condition of the equipment nor will CAP maintain or otherwise guarantee said equipment. The member-owned equipment may not be used by other CAP personnel without my consent or approval.

I certify that I am a current CAP member and that the information contained herein is true to the best of my knowledge.

Signature _____ Date _____

Name (Please Print) _____

* * * * *

I certify that the member in charge named herein has completed the basic requirements for a radio operator and I recommend issuance of the license requested.

Typed Name & Grade of Region Communications Licensing Officer

Signature _____

Date

If this application concerns a ground station the following items must also be completed:

Actual address of station
(No P.O. Box)

Geographical Latitude _____ ° _____ ' _____ " coordinates: Longitude _____ ° _____ ' _____ "

Do you have emergency power available to operate your base station equipment? Yes ☐ No ☐

If antenna is located within the boundary of a landing area, give name of landing area and distance to centerline of nearest runway.

If not, give distance to and name of nearest landing area.

Elevation of ground above mean sea level at antenna site. _____ ft.

Height of uppermost point above ground level of antenna (or antenna structure). _____ ft.

Draw a brief sketch of antenna in relation to house and control point of equipment. Include height above house.

Do you have Packet Capability? Yes ☐ No ☐

Operational 7.635 MHz ☐ 14.902 MHz ☐

Amateur License: Class _____ Call Sign _____

FCC General Radiotelephone Certificate: _____